
LETTERS TO THE EDITOR

NRA on Gun Ownership

In "Reducing Firearm Injuries: The Role of Local Public Health Departments" [Public Health Rep 1999; 115:533-9], Price and Oden seem disappointed that their survey of public health departments found that relatively few are actively involved in anti-gun advocacy, not even in publicizing the amount of gun-related morbidity and mortality. Perhaps the public health departments believe in a more honest assessment of the nature of a problem before getting politically involved in dishonest ways.

Price and Oden, on the other hand, show no such reserve and rush right in. Their article starts by noting that "firearm-related morbidity and mortality are serious and growing public health problems" constituting an "epidemic." Later, they observe that we are moving toward 2003, "when firearm trauma may well be the leading cause of injury deaths." These statements are all false.

Both firearm-related morbidity and firearm-related mortality are declining, and have been for some years,^{1,2} and thus, by definition, it is not an epidemic.³ And the authors' ludicrous statement that firearm-related trauma will surpass motor vehicle-related trauma as a cause of death by 2003 was based on trends in gun-related and vehicle-related mortality that had ended by 1994 when the report was made.⁴ Since that time, from being fewer than 2000 deaths apart, recent figures would suggest that sharply decreasing firearm-related mortality and fluctuating vehicular mortality means the figures are 9000 deaths apart,² with no likelihood of a change by 2003, unless there is a sudden and dramatic increase in gun-related

deaths and a similar decrease in vehicular deaths.

Perhaps the public health departments surveyed realized that, relative to motor vehicle injuries and others, firearm injuries simply fail to constitute the "big problem" Price and Oden believe, based on bogus data, to exist—especially as protective uses of guns outnumber misuses by a margin of at least two to one.⁵ Perhaps, too, the public health departments surveyed observed that gun-related crimes outnumber gun-related morbidity and mortality by a margin of roughly five to one^{1,5} and concluded that firearms-related violence is thus a criminal matter.

And perhaps the reason firearms were less frequently perceived as a major public health problem by respondents who owned guns is that these respondents were from rural areas, where gun ownership levels are generally high and the problem of gun-related violence is at its lowest level. The problem is more serious in urban settings where it is more clearly a crime problem and where there are lower levels of ownership and higher levels of gun-related morbidity and mortality.⁵

And, finally, perhaps a majority of the public health departments agreed with the statement that "the public health field does not have suitable methods available which can reduce firearm morbidity/mortality" because it is a true statement. If the public health field does have suitable methods, they have not been reported in any competently performed research on the issue. Anti-gun public health professionals have certainly asserted that gun-related violence is preventable, using public health methods, but they have produced no competent

research showing how it could be prevented—beyond hypothesizing a no-gun situation, and without suggesting how that could be achieved even if it were desirable.

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Docs for Guns

The article by Price and Oden, "Reducing Firearm Injuries: The Role of Local Public Health Departments" [Public Health Rep 1999; 115:533-9] provided little information of value and seemed to be anti-gun advocacy masquerading as public health research. The authors' perspective is clear from several mentions of the role of "gun control advocates" in assisting local health departments, particularly regarding "gun-related policy changes." It is obvious that these authors are driven by a political rather than a scientific agenda.

The one finding of real interest appeared to surprise the authors,

who noted that “the percentage of respondents who reported owning firearms ... was almost equivalent to that among US households in general.” The authors ascribe this to the respondents being “no better informed about the dangers...than the general public, or...not willing to forego gun ownership despite the known dangers.” Another interpretation, perhaps a more likely one, is that the respondents are indeed familiar with the medical and public health research into gun ownership and violence and they reject its findings and recommendations. They may understand that the reports that make up this literature are of generally poor quality, frequently overtly political, often marked by simplistic approaches and technical ignorance of guns, and ignore the findings of and are disparaged by criminology and sociology researchers.¹⁻⁶ Indeed, the survey respondents might even be aware of the known protective benefits of gun ownership, which were ignored by Price and Oden.^{3,7}

Readers interested in alternative perspectives on firearms and violence in the US should contact organizations not wedded to the current public health paradigm. Two such organizations are Doctors for Responsible Gun Ownership (Tim Wheeler, MD, PO Box 1931, Upland CA 91785-1931; website: www.claremont.org/1_drgo.cfm), or Doctors for Integrity in Policy Research (Edgar Suter, MD, 5201 Norris Canyon Rd. #220, San Ramon CA 94583; website: www.dipr.org). Your readers may find the information available from these organizations very enlightening.

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Price and Oden respond:

Dr. Blackman has correctly noted that the recent downward trend in firearm mortality and the recent upward trend in motor vehicle mortality minimize the chance that firearm deaths will surpass motor vehicle deaths as projected earlier by the Centers for Disease Control and Prevention for 2003.^{1,2} Since 1980, the trend in firearm mortality has changed direction several times. The firearm death rate decreased by 14% from 1980 to 1985, increased by almost 17% from 1987 to 1991, increased by almost 5% from 1992 to 1993, and from 1993 to 1997 declined by almost 22%.³ We hope that the factors responsible for the most recent downturns in firearm morbidity and mortality will continue.

The difference in the number of deaths caused by firearms and motor vehicles are not germane to the issues of firearm morbidity and mortality. The latest mortality statistics indicate that, on average, almost 624 people die per week from gunshot wounds and about 1,235 people per week who suffer nonfatal gunshot wounds are treated in hospital emergency departments.³ Further-

more, the US suicide rate is twice the average rate of other industrialized countries, primarily due to the US firearm-related suicide rate, which is 11 times the average rate for these other nations.⁴ The consequences of firearm trauma for the individual, families and friends, and society are substantial.

Our use of the term *epidemic* to characterize the US gun trauma problem was criticized by the NRA representative. *Epidemic* is a term used to describe a health problem clearly in excess of what would normally be expected. Compared to all other industrialized countries, the US has a serious firearm trauma epidemic.

The NRA spokesperson suggests that the public health professionals we surveyed were aware that owning a gun was protective and necessary because “gun-related crimes outnumber gun-related morbidity and mortality” and may have concluded that “firearm-related violence is thus a criminal matter” (not a public health matter). To support his thesis, Dr. Blackman cites a non-refereed publication by Kleck.⁵ The Kleck book is often used as the basis of NRA criticism of professional health researchers who publish firearm-related research in refereed professional journals.

Informed public health professionals know that the majority of firearm-related deaths are suicides (54.2%) or homicides between relatives or personal acquaintances, not shootings of or by criminals.³ It would be obtuse to suggest that we need guns to protect people from shooting themselves!

We find it perplexing that the NRA spokesperson suggests that no evidence exists that gun-related violence is preventable using public health methods. Yet, the NRA touts the significance of the Eddie Eagle curriculum to reduce gun violence among young people. We would at least partially agree with the NRA spokesperson: there is no evidence to